PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Commissioner for Patents (Commissioner for Patents P.O. Box 1450) Alexandria, Virginia 22313-1450 or Fax (571)-273-2880

| INSTRUCTIONS: This for appropriate. All further co- indicated unless corrected maintenance fee notification | orm should be used for prespondence including below or directed others. | or transmitting the ISS ing the Patent, advance of herwise in Block 1, by | UE FEE and PUBLICAT orders and notification of a (a) specifying a new corre | ON FEE (if requinaintenance fees w pondence address; | red). Blocks 1 th ill be mailed to the and/or (b) indicate | rough 5 sh he current of ting a separ | ould be completed where correspondence address as ate "FEE ADDRESS" for |
|---|---|---|---|---|---|--|---|
| CURRENT CORRESPONDEN | Not Fee pap hav | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. | | | | | |
| 2030 /590 11/02/2006 | | | | | | | |
| TOWNSEND AND TOWNSEND AND CREW, LLP TWO EMBARCADERO CENTER EIGHTH FLOOR SAN FRANCISCO, CA 94111-3834 | | | | Crefficate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (\$71) 273-2885, on the date indicated below. | | | |
| 5AN TRANCISCO, CA 94111-3634 | | | | (Depositor's name) | | | |
| | | | | (Signature) | | | |
| | | | | | | | (Date) |
| APPLICATION NO. | ICATION NO. FILING DATE | | FIRST NAMED INVENTOR | | ATTORNEY DOCKET NO. | | CONFIRMATION NO. |
| 09/687,148 10/12/2000 | | | John J. Sie | | 19281-001000US 8622 | | |
| TITLE OF INVENTION: PROGRAMMING DISTRIBUTION AND NOTIFICATION SYSTEM | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| APPLN, TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUI | FEE TOTAL F | EE(S) DUE | DATE DUE |
| nonprovisional | NO | \$1400 | \$0 | \$0 | \$1 | 400 | 02/02/2007 |
| EXAMIN | IER | ART UNIT | CLASS-SUBCLASS | | | | |
| BROWN, RUEBEN M | | 2623 | 725-087000 | • | | | |
| 1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list Towns and and | | | | | | | and Townsend |
| CFR 1.363). Change of correspondence address (or Change of Correspondence | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, | | | | |
| Change of correspondence address (or Change of Corresponde Address form PTO/SB/122) attached. | | | (2) the name of a single firm (having as a member a 2 | | | | |
| ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 listed, no name will be printed. | | | | |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) | | | | | | | |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. | | | | | | | |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | | |
| Starz Encor | re Group LLC | Englewood, CO | | | | | |
| Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖏 Corporation or other private group entity 🗀 Government | | | | | | | |
| 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) | | | | | | | |
| X3 Issue Fee ☐ A check is enclosed. X3 Publication Fee (No small entity discount permitted) ☐ Payment by credit card. Form PTO-2038 is attached. | | | | | | | |
| XX Advance Order - # c | The Director is hereby overpayment, to Depo | authorized to char | is attached. ge the required fee | (s), any defi | iciency, or credit any | | |
| | | | overpayment, to Depo | sit Account Numbe | r201430 | (enclose an | extra copy of this form). |
| Change in Entity Status a. Applicant claims | | | ☐ b. Applicant is no lon | per claiming SMAI | I. FNTITY status | See 37 CF | R 1 27(a)(2) |
| NOTE: The Issue Fee and I interest as shown by the rec | | | ed from anyone other than t | he applicant; a regi | stered attorney or a | igent; or the | assignee or other party in |
| Authorized Signature Will J. Date November 14, 2006 | | | | | | | |
| Typed or printed name | Michael L. | Drapkin | Registration No. 55, 127 | | | | |
| This collection of informati an application. Confidentia submitting the completed a this form and/or suggestion Box 1450, Alexandria, Virginia 22313 | ion is required by 37 C lity is governed by 35 application form to the s for reducing this bur- ginia 22313-1450. DO i-1450. | FR 1.311. The informat U.S.C. 122 and 37 CFR USPTO. Time will var den, should be sent to ti 0 NOT SEND FEES OR | on is required to obtain or a 1.1.4. This collection is est y depending upon the indiva- te Chief Information Office COMPLETED FORMS To | etain a benefit by the imated to take 12 r idual case. Any co r, U.S. Patent and D THIS ADDRESS | ne public which is ninutes to complet mments on the am Trademark Office, SEND TO: Com | to file (and e, including tount of tim U.S. Depar missioner fo | by the USPTO to process) gathering, preparing, and e you require to complete tment of Commerce, P.O. or Patents, P.O. Box 1450, |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.